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GUERSANT ON SURGICAL DISEASES OF INFANTS, Etc. 16 PAGES.

CLINICS.

CLINICAL LECTURES.

Abstract of a Clinical Lecture on Hydrocele and its Treatment. Delivered at King's College Hospital, June 9, 1871, by JOHN WOOD, F.R.S., Surgeon to the Hospital and Professor of Surgery in King's College.

GENTLEMEN: We have had lately in the hospital many cases of *varicocele*, and you have had the opportunity of comparing several methods of treatment which have been followed. In its general pathology, varicocele resembles the diseased conditions of the veins which are found in other parts of the body, and known by the name of *varix*, and the common forms of *hæmorrhoids* or piles. In all these, the coats of the veins are the seat of the disease, which consists essentially in dilatation of their calibre and hypertrophy of their walls, with consequent loss of the function of the valves, which aid circulation of the blood through them. But in each of these different regions of the body where varix is found, there are peculiarities which modify the pathological cause, and require peculiarities of treatment to meet their several exigencies. In true *varicocele* the veins of the spermatic cord which convey the blood from the testicle are the vessels solely affected; and it must not be confounded with varix of the superficial veins of the scrotum, which occasionally occurs. The circulation of the blood through the testicle is probably normally slow, corresponding by the intricacy of its channels with the very tortuous and complex system of tubes which elaborate and transmit the secretion when formed. The

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return of the blood through the spermatic veins is retarded (1) by the intervention of an elaborate plexus, the *plexus pampiniformis;* (2) by their passage through the fibrous inguinal rings and canal, and the muscular cremaster and internal oblique, which closely invest the cord as it hangs over Poupart's ligament; and (3) by the length of the column of blood within them, reaching from the testis to the renal or caval veins high up in the abdomen.

Now, in a perfectly normal condition, the elastic resiliency of the coats of these veins is such that the retardation is effectively controlled and modified.

But slight imperfections are extremely common, and are evidenced in most individuals as an increase in the size of the left spermatic cord. In the surgery of the schools, this is commonly attributed to the fact of the left testicle being placed lower in the scrotum than the right, and to the opening of the left spermatic cord into the renal vein at right angles to the current of blood in the latter, and not, as on the right side, at an acute angle, with a course more parallel to the current in the inferior cava, and more adapted to the efficiency of the valve-action at the acute side of the angle. But a difference in length of column of about half or three-quarters of an inch, or in the angle of junction to the extent of a right angle, do not, in normal conditions and in other situations (where they are common enough), produce undue dilatation of the veins. The other predisposing cause commonly assigned for this greater frequency on the left side, is, in my opinion, a much more powerful one; and that is the position of the sigmoid flexure of the colon across the front of the left spermatic plexus. The sigmoid flexure is the temporary receptacle of the fully formed fecal mass, until the habitual or convenient time for its expulsion has arrived. In civilized society there are frequent and unavoidable conventional causes for delay or neglect of Nature's indications; and constipation and consolidation of the feces is a common accompaniment of artificial modes of living. We have thus greater habitual pressure upon the left spermatic plexus.

But along with these predisposing causes must coexist some other condition lying in the coats of the veins themselves, otherwise the same anatomical, mechanical, and conventional causes would operate alike in all individuals, which is notoriously not the case. Now, in a healthy vein, the middle coat is found under the microscope to contain abundantly muscular fibres of the same kind as those in the arteries. They are arranged both longitudinally and circularly in several successive layers, intermixed freely with white connective tissue, and with a smaller proportion of elastic fibres. In the larger veins of the abdomen, especially, the outer coat also contains, according to Remak, a considerable proportion of non-striated muscular fibres; and this peculiarity extends to a great extent into the spermatic veins. The veins of the lower extremity have thicker coats than those of the upper, and the superficial veins thicker than the deep ones.

If you take a portion of the coats of a vein in a varicose condition and place it under the microscope, you will find that the hypertrophy depends chiefly upon the development of white connective tissue in the outer coat, while the muscular and elastic fibres are proportionately much less developed. The mechanical stress upon the vessels has promoted the development of the merely resisting material, and has atrophied by over-tension the contractile and resilient elements. In some cases, also, I have found a certain amount of amyloid or fatty degeneration of the muscular fibres. At a certain point of the lateral distension, the valves cease to be effective in closing up the tube against regurgitation, and they become finally shrivelled and atrophied from disuse. This promotes the stasis and accumulation of the blood within the vessel, and, longitudinal hypertrophy commencing, results in the coils and serpentine folds which are so characteristic of an advanced stage of varicose veins. We have, in fact, in varicose veins, a

condition, *mutatis mutandis*, resembling, in the thickening of the outer coat and the diseased condition of the middle coat, that of true aneurism in the arteries. There can be no doubt that this predisposition of the venous system is, like so many other diseases, the result of hereditary transmission.

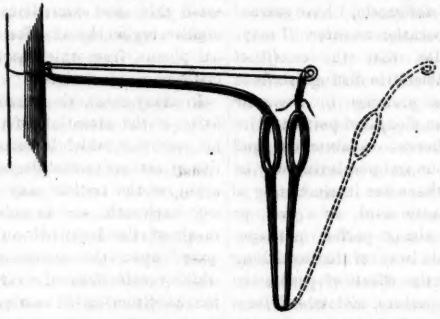
Into the various points of the differential diagnosis of varicocele, I have scarcely time on this occasion to enter. I may, however, mention that the condition which is most difficult to distinguish from varicocele is the presence, in a narrow hernial sac, of an elongated portion of irreducible or adherent omentum, dragged out in the curious and perplexing way in which we sometimes see it, simulating a thickened spermatic cord, or a cyst, or even a testicle, almost perfect in shape. The most certain way of distinguishing them is to mark the effects of position in the recumbent posture, maintained for a length of time sufficient to empty the varicose vessels. Upon an adherent omentum this has, of course, little or no effect. But the coats of varicose veins are occasionally so thick in themselves that a considerable tumefaction remains, even after the blood has passed almost entirely out of them. In such cases, the only resource is in the *tactus eruditus*, which cannot be conveyed by words—the peculiar centrifugal dilating impulse which the cough impresses upon the varicocele, and which is different from the communicated impulse of an omental hernia. When the omental hernia is reducible, no difficulty should arise. The means of distinction given in books is to reduce the swelling while the patient is in a recumbent posture, and then placing the finger firmly upon the superficial ring, to let the patient assume the erect posture. If it be a hernia, the swelling does not return; but if it be a varicocele, it does so in a short time, but gradually. Fatty developments in the cord are usually persistent under any position; and, like omental hernia, doughy and inelastic to the feel, and, unless confined to so high a position in the inguinal canal as to contraindicate varicocele entirely, have not usually a cough impulse.

Varicocele is often attended by an amount of pain totally disproportional to the size of the tumour. It is probable that this proceeds from pressure or tension, during the initiative stages of the disease, upon the spermatic plexus which surrounds and embraces the veins, and supplies branches to their coats. The pain usually affects, also, the groin of the same side, and sometimes reaches the lumbar region, by an effect upon the renal plexus, from which part of the spermatic plexus is derived.

In many cases, also, there is a morbid fixity of the attention of the patient to his condition, which is sometimes indicative of serious mental derangement. Atrophy of the testicle may be coexistent with varicocele, and in most cases is the result of the impaired nutrition consequent upon the continued congestion which results from the varicocele, as in the condition called varicose eczema in the legs. In most cases, an operation, if applied early enough, will prevent this atrophy; but sometimes the wasting goes on, and may even be considered by the patient as the effect of the operation. He should always, therefore, be informed beforehand of this possible result.

The treatment that you have seen lately carried out by me, gentlemen, is an application of the principle of metallic wire pressure, applied subcutaneously, and with very little disturbance of the parts, by means of a new instrument which I have devised and carried out, with the help of Mr. Matthews, for the application of a continually acting spring traction. The very ingenious apparatus of M. Ricord was previously the most successful attempt to effect the same results; but it acted upon a silk or hempen ligature, applied in a peculiar manner round the vein, and had not the advantage of metallic pressure. This apparatus is ponderous, unwieldy, and requires screwing up afterwards. I have made many attempts, gentlemen, as you know, to obtain the advantages of continuous and unintermitting wire-pressure, so applied and self-acting that no subsequent interference by the surgeon or any screwing up of the apparatus, should put the

patient to all or more of the pain of repeating again and again the original operation; so arranged that the wire could be at any time disengaged and removed with little or no pain to the patient, or disturbance of the parts; and so simple as to be easily managed by anybody, easily cleaned, and not liable to get out of gear. Well, the outcome of so many trials seems simple enough when you look at it, as did the celebrated egg-trick of Columbus. It is a strong, steel, highly tempered spring, acting like the spring of a pair of dissecting forceps. One limb carries at the end a thin round steel shaft, about an inch and a half long, which ends in a transversely oval and obliquely placed eye, for transmitting the wire snare or loop which encircles the vein. The other limb terminates in an arm or hook, round which the ends of the wire are twisted and fastened. The rings upon the two arms are for the purpose of giving a firm hold to the finger and thumb while compressing and closing the spring (as shown at the middle of the figure), till the ends of the wire are fastened upon the upper limb. The dotted lines at the outer part of the figure show the upper arm when at the extent of its action; and its distance from the closed arm shows the extent of transit of the wire to be more than is necessary to drag it clean through the inclosed vein. The steel shaft which carries the wire is pressed down close upon the vein through the puncture, at which the ends of the wire emerge. The puncture is left uncovered for the escape of any discharge which may form, for which the shaft of the instrument and the wire form a direct conductor. I have found it better, also, so to arrange the punctures that the one through which the instrument passes shall be the most depending point in the track of the wire, so that no accumulation of discharge is possible within the wound. This is a point of much importance to obviate any subsequent trouble. It is also important, as I have proved experimentally, to provide that no pressure or obstruction be placed at the puncture through which the wire emerges; but that allowance be made for any swelling of the parts around which may occur. This is effectively provided for by the length of the steel shaft, and the elevation of the counterpressure from the surface of the wound. Any instrument which covers over, obstructs, and presses upon the puncture in the skin, is objectionable for this reason. In large cases, of course, a larger instrument and a stronger spring may be required. In small cases, a spring of twisted steel wire, somewhat like that of a mousetrap, has been found sufficient. Such an instrument I have found to act admirably in cases of varicose saphena.



The wire used is the best and toughest iron wire, as thin as may be judged strong enough to bear the tension of the spring. It is first dipped in carbolized oil, and passed by means of a long needle in the ordinary subcutaneous way, first under the veins, and then back again

over the veins, between them and the skin, entering, re-entering, and emerging through the same cutaneous apertures. The ends are then drawn as taut as possible; the loop sinks through its puncture into the tissues out of sight; and the spring-tractor is finally fixed by passing both ends of the wire through the oval eye, pressing down the spring firmly between the left thumb and forefinger, winding the wire tightly round the hook, and fixing it there.

In most of the cases lately in the hospital, all of them men under the age of forty years, the spring-tractor was kept on for a week or ten days; but in one case, which is now in hospital under treatment, we had to deal with a very large varicocele, reaching down behind and below the testicle. In this instance, a pair of tractors and wire ligatures were applied, one above, and the other below and behind the testicle, and kept on for fourteen days. In none of these cases have the patients complained of any pain worth speaking of; there has been little or no discharge, and no formation of pus; and they have been discharged cured a few days after the removal of the wires. In the last-mentioned case, some time after the instruments and wires were withdrawn, we had a very small superficial abscess, but it occurred in a different part of the scrotum, towards the opposite side, and resulted, apparently, from the pressure of the cross strapping used to sustain the scrotum. It was opened by the house-surgeon, and gave thenceforth no more trouble.

In all the cases we have had a very great amount of thickening from fibroid deposit in the track of the wire ligature, producing a great amount of lateral support to the weakened vessels, and persistent for a considerable time, as you may have seen by the patients who have returned for inspection, at a period of many months subsequent to their discharge from the hospital. In patients whom I have seen years after a precisely similar operation, effected by means of an instrument acting with wire in the same manner, but upon a different principle, which I then employed, the veins have remained quite impervious, with a hard, firm, constricted portion, or indurated ring, at the site of the operation. In most of the cases, I have withdrawn the wire before it has quite cut through all the included tissues, and the results have been equally good as in those in which the loop has cut its way clean through. I believe, therefore, that it is not always necessary to prolong the cure by waiting for this result, inasmuch as a great deal of fibrous tissue, not forming part of the venous channels, is necessarily included in the ligature, and often prolongs the process of separation after the veins have been entirely occluded. A dense, hard, and resisting ring of fibroid tissue is formed around the veins by the action of the ligature, which resists the pressure of the blood outwards, and prevents redistension. And not the least of the advantages of the apparatus I have described is the power that it gives us of withdrawing the ligature without pain or disturbance, when it it evident that the desired result has been arrived at, as ascertained by the deposit of fibrin and the small length of the wire yet remaining engaged in the tissues.

In this method, gentlemen, it appears to me that we have all the advantages of subcutaneous treatment and thin metallic pressure, combined with a continuous and equable traction, by which we obtain a division of the diseased veins without danger of hemorrhage, with little or no pain to the patient, without the repetition of a most excruciating process of tightening or screwing up the ligature upon the inflamed tissues; and we get, in a short course of treatment, complete division or occlusion of the veins, no open sore (which, in such cases, is very often very slow to heal), and no suppuration which may endanger the entrance of pus into the veins. And this is combined with the power of disengaging the wire compress; with little pain and no disturbance of the parts, which might set up the process of disintegration of the clot or suppuration of the vein; and with a simplicity of construction and ease of manipulation which leaves little to be desired in the way of improvement.—*Brit. Med. Journ.*, Sept. 16, 1871.

Lecture on the Treatment of Smallpox. Delivered at Homerton Fever Hospital. By ALEXANDER COLLIE, M.D., Resident Medical Officer.

In the mild variety of smallpox treatment is not of importance. "*Il ne faut gue demeurer en repos.*" The patient should be kept in bed until crustation is completed, should be fed on light and easily digestible food, and should have his linen changed daily and fresh cool air in abundance. No drugs will be required, except perhaps a purgative pill or a little castor oil. In the black smallpox all treatment is useless, and our efforts should be directed simply towards palliating the patient's sufferings. Cold water will probably be most grateful, and that ought to be given freely. An egg beaten up in a little whiskey-and-water will relieve sensations of exhaustion, but beyond this our art is powerless. Large doses of stimulants are simply wasted. In the severe or confluent smallpox, however, treatment is of the highest importance. Here our management will sometimes determine the result. The patient should be placed in a large, well-ventilated room, a room with opposite windows if possible, and these should be kept open by night and by day and in all seasons. If the weather is very cold, keep a good fire in the room, and let the patient have an extra blanket, but keep the windows open; and if the weather is mild, treat the patient absolutely in the open air. Nothing is of so much importance as pure air, and that in unlimited quantities. In this hospital we have kept our windows open constantly by night and by day throughout the months of February, March, April, &c.; and this has been attended with the very best results, for our mortality is the lowest of all the smallpox hospitals in London, and we were receiving our patients from the same sources, and some time before the epidemic reached its height. Including every death, our mortality is only 14.6 per cent.; and if we were to strike off those who died of sequelæ, and those who died six, twelve, and twenty-four hours after admission, it would be considerably less. Up to July 22 the mortality in the different hospitals has been as follows: Hampstead, 19.1 per cent.; Stockwell, 17.6; Homerton, 17.1; Mrs. Gladstone's Smallpox Hospital, 17.1; Stockwell Fever Hospital, 15.5; Homerton ditto, 14.6.

The patient's bed may consist of feathers, or a hair or flock mattress; and there ought to be two beds in the room, in order that the patient may be changed from one to the other, and the bed made —a matter of great comfort to a sick person. The sheets ought to be of the finest and softest material. The coverings should be light, and all curtains should be removed. The room ought to be absolutely cleared of rugs, carpets, cushioned chairs, wardrobes, pictures, and everything which might harbour a particle of dust or a smallpox scab. Secure two competent and efficient nurses, one to act by day and the other by night, and remember that, usually, relatives make bad nurses. Inquire first about the bowels, and, as a rule, give a gentle purgative; but do not purge.

Do not place your patient on low diet. That a patient about to undergo the exhausting labour involved in an attack of smallpox should be starved is, in my opinion, of all medical absurdities the most absurd. Your patient will not be able to take food in the same form as in health, but he must and should have the same in quantity, if not, indeed more, although in a different form. Let your patient have milk in abundance, as many raw eggs beaten up with a little whiskey as can be stuffed into him, beef-tea, arrowroot, sago, tapioca, &c. Ordinary tea and coffee, of moderate strength, you will find pleasant stimulants, and these should be given, remembering, however, that if given in too large a quantity they have a tendency to prevent sleep. To relieve thirst, cold water is usually the best and the most pleasant to the patient, and he ought never to be refused this. You will find, however, amongst some nurses and patients' friends a decided objection to giving much cold water. Always combat this notion. There is nothing more pleasant to a parched mouth and a dry tongue than pure cold

water. Effervescing drinks, such as lemonade, soda, and potash waters, are very refreshing.

For heat of skin the patient may be sponged with tepid water two or three times daily. Indeed, in all cases of smallpox the whole body should be sponged daily. If there be restlessness or sleeplessness, the following, repeated in half an hour, if needed, will be found of great service: Tincture of opium, fifteen minims; spirit of ether, fifteen minims; camphor water, one ounce. Or, what we have often found to succeed when drugs proper failed, was two or three ounces of whiskey in warm water, and a little sugar. Of course the dose must be modified according to age and sex; but in restlessness, sleeplessness, and delirium we have found this latter most useful. In the early stages, with the last-mentioned exception, avoid stimulants as a rule; but remember them about the tenth day, when the patient's powers will be taxed to the utmost. There is no special drug to be given; and I would advise you not to bother your patients much with mixtures. Feed them. If salivation be present, you had better let it alone; and be careful of giving sedatives, as the mouth and air-passages become more or less choked up with the saliva—a condition which would be very serious if bronchitis were also present. Soreness of the throat is always more or less troublesome. Oleaginous and mucilaginous drinks, and black-currant jelly, may be given as an amusement; but the only remedy is time and patience. Try the following, which we have found beneficial in this condition: Tincture of perchloride of iron and glycerine, of each thirty minims; three times a day.

Towards the eleventh day look out for laryngitis; and when it occurs, wrap a large linseed poultice round the throat and keep it there, changing it three or four times in the twenty-four hours. Raise the temperature of the room, and surround the patient with an atmosphere of steam. Avoid antimony, mercury, and such like; and do not exhaust your already exhausted patient with emetics. I suppose I need hardly caution you against bleeding. Warmth, steam, feeding, and some stimulant are in my opinion the best and safest remedies. If the difficulty of breathing increases, and you perceive commencing exhaustion, perform tracheotomy at once, unless there be reason to believe that the patient will die of smallpox. If there be no reasonable chance of recovery from this, a prolongation of a few hours is only a prolongation of human suffering. Still, one can readily imagine cases where prolongation of life for an hour, or even for a few minutes, might be of the greatest importance. Of three tracheotomies performed here one recovered.

Delirium is present in some stage of the disease in a considerable proportion of cases, and it requires very careful management. It is usually most violent and dangerous in the early stage of the illness. See that your patient is not left alone for a moment, otherwise you may find him through the window, and on the street below. Delirious patients are very cunning, and watch anxiously for the absence of attendants in order to carry out their wishes. They bear contradiction badly, therefore see that the nurse does not oppose them, or argue with them. If a patient will get up, let him do so, and walk him about the room or into the staircase, and after that you will probably find him glad to get to bed again. Humour him always if you can, and do not treat him on the supposition that he is a poor stupid fool, for whom any kind of story will do. Remember that such patients are very cunning, and that their *reason* always remains intact. The objective world, as it presents itself to their consciousness, is distorted, but their reasoning on it is always sound. Always agree with your patients, therefore, and try to convince them that you are taking the necessary steps to accomplish what they wish, or to prevent what they fear. Try to discover the way in which the objective world presents itself to their consciousness, remembering that in the highly irritable condition of the nervous system present in delirium, objects are far more vividly conceived, and produce a much stronger impression than they do in

health. If your patient thinks he is going to be murdered, and that his nurse is in league with some one for this purpose, do not try to convince him to the contrary. You will only irritate him, and produce a conviction in his mind that you are in league with his enemies. Send away the nurse; put your patient into another room; command absolute darkness and absolute silence, and in the majority of cases this will succeed. Beware of using force, or of tying your patient down. I have again and again seen slightly delirious patients driven frantic by this means. Patience, gentleness, and firmness will almost always succeed, but above all things gentleness. Remember you can never handle a sick person *too* gently, nor speak to one *too* softly. To a shattered or highly sensitive nervous system, the slightest sound, the faintest light, the gentlest touch, are sometimes almost unbearable. If, therefore, a patient will get out of bed and walk about, will persist in throwing about his arms and legs, let him do so. It is far better that he should exhaust himself than himself and one or more attendants. Of course, if suicide is attempted in any form, force must be used; but proper nursing will never give an opportunity for an attempt of this nature.

The prevention of pitting has exhausted the ingenuity of all who have thought about it. To assist in preventing this deplorable result, common olive oil should be used; but all means employed for this purpose fail where most wanted. In the severe cases nothing will prevent pitting; and I would not advise you to try any of the ordinary methods. To use nitrate of silver effectively in confluent smallpox would give rise to so much irritation as to endanger the patient's life. The famous emp. Vigo is, in my opinion, a humbug. Tincture of iodine, calamine, with olive oil, sulphur ointment, &c., have been employed with more or less success as the practitioner has argued *ergo propter* or *ergo post*. I believe you will only annoy your patient by using them.

About the eleventh day you may find diarrhœa troublesome; but I would not advise you to interfere with it unless it is excessive or clearly weakening the patient. A little castor oil may be necessary; and in most cases I should prefer to try this first, as patients are usually constipated in the earlier stages of smallpox, and diarrhœa is sometimes an indication of the presence of irritating substances in the intestine. If castor oil fails, try the following: Dilute sulphuric acid, fifteen minims; tincture of opium, five minims; water, one ounce; four times daily. Along with this may be given a starch-and-laudanum enema, with fifteen, twenty, or thirty drops of the latter, according to the age. This will succeed in the majority of cases; but when it fails, recourse must be had to the more powerful astringents. See that your patient is not taking too much whiskey, as that sometimes causes diarrhœa.

Just about this period bronchitis, by itself or with pneumonia, may arise. Wrap your patient's chest in a blanket or in cotton-wool; and if you think he requires a drug, the following is a good one: Carbonate of ammonia, five grains; spirit of chloroform, fifteen minims; tincture of squills, ten minims; infusion of senega, one ounce; every three, four, or six hours.

Stimulants may now be useful. We avoid rules on this subject. In short, we always think more of the person, his history and constitution, than of the disease. In other words, we treat a *person* in a diseased condition, and not merely a disease. I will not speak very dogmatically on the question of alcohol; but I am quite sure that, in large doses, it sometimes does well. In small doses, such as an ounce or two, to help a raw egg down, or with a little hot water to produce sleep, it is always useful; but I think that in some cases it actually determines recovery. Ordinary physiological rules, coupled with the age and habits of the patient, must be the chief guide. If he has been accustomed to his daily or nightly glass, by all means let him have some stimulant all through.

The most hopeless of complications or sequelæ is pleurisy. We have employed with some success the following treat-

ment: Tincture of iodine painted over the affected side; cotton-wool wrapped round the chest and throat; a mixture containing fifteen minims of tincture of muriate of iron and thirty minims of spirit of nitric ether, in an ounce of water, three times daily; with stimulants in moderation, and good feeding. Always feed, whatever may be the complication. Erysipelas requires simply feeding and tonics; as local applications we have invariably used fine flour and poultices. We have only had one fatal case.

With regard to abscesses, early opening, tonics, feeding, and stimulants should be the treatment pursued. The following is an admirable tonic: Two grains of sulphate of quinia, twenty minims of tincture of muriate of iron, and fifteen minims of spirit of chloroform, in an ounce of water—thrice daily.

Crusts should not be allowed to remain about the nostrils and mouth, where they poison the air which the patient must breathe. They should be carefully removed as they form, and a stream of carbolic acid lotion kept running over the part which is being removed. Air cannot pass over decomposing fetid matter without being more or less contaminated, and I believe this source of contamination is not sufficiently recognized. Always remove scabs under which pus is forming; and at this period see that your patient is bathed, which, if properly managed, may be done without producing exhaustion. It greatly adds to a poor creature's comfort to have a quantity of stinking matter washed away. A little carbolic acid may be put in the bath.

When the patient begins to convalesce, and also for some time during the convalescence, he is often irritable, and generally uncomfortable. In this condition we have found the following very useful: dilute sulphuric acid, fifteen minims; tincture of opium, five minims; water, one ounce—three or four times daily. It relieves irritation, soothes the mind, and helps on the appetite.

Be particular throughout that your patient's linen is frequently changed. In some cases this may be an hourly instead of a daily necessity. Also see that he does not always lie upon his back, but that he is frequently changed, so as to avoid too constant pressure on particular parts. In severe cases procure a water bed at once. By good nursing, let me repeat, almost all bedsores might be prevented, and to their prevention we ought to look most carefully. Do not believe your nurse that your patient is dry and all right; look for yourself and see. Receive no information from nurses or friends which you may acquire from your own observation. Accept nothing on credit which you can see for yourself.

For hemorrhages from the mucous surfaces there is no special treatment. If it is severe, add to your stimulant, and take care that your patient does not get out of bed to stool. Indeed, in severe smallpox, you should never allow your patient out of bed to stool after the seventh day of the disease. Insist on the bed-pan.

Orchitis, gonorrhœa, and arthritis sometimes require warm poultices and mild astringent lotions, but these are usually sufficient.

Such is the treatment we have employed. To sum up: air, cleanliness, feeding, stimulants in moderation, sedatives, and tonics are, we believe, the best treatment for smallpox.

One important question may be here answered—viz., when a smallpox patient may be considered free of danger to his neighbours? This, in reference to the public, is a most important question, and one which requires an accurate answer. We have thought over this very carefully, and we believe that we have arrived at an unassailable conclusion. It is a truism to say that a healthy man cannot give to another a contagious disease; for the question at issue is, when and how a person may be certainly recognized to be in a state of health. Now, you know the ordinary signs of health: a certain temperature, or rather range of temperature, a quiet pulse, a clean tongue, a clear mind, &c. When you find these conditions in a smallpox patient, he is in a state of health. But—and this "but" is very important—certain products of disease remain for an indefinite time attached to the body.

These are the scabs, and the scales which follow them. When these are quite gone, your patient well washed, and clean clothing put on, you may send him anywhere without let or hindrance. The practice here has been that, as a patient is ordered out of bed, he has a bath, and this is repeated every second day until he leaves the hospital. It facilitates the removal of the scabs. No person has ever been sent out of this hospital with a smallpox scab or scale.

I have but a word to say about children's heads: they are most aggravating. Shave, poultice, until removal of the scales, then use tar or oxide-of-zinc ointment, the former being preferable, and give the following: Cod-liver oil, one drachm; iron wine, two drachms: three times daily.—*Lancet*, Sept. 30, 1871.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Frozen Beef-Essence.—Dr. H. B. Hare states (*Phila. Med. Times*, Oct. 16, 1871) that in a case of scarlet fever in a child, the patient could not be induced to swallow the beef-tea which his condition required. As he took ice with avidity, the father suggested that if the beef-tea were frozen he might then be induced to take it in that form. The suggestion was carried out, and the child took the frozen beef-tea readily. This expedient may in many cases be advantageously resorted to.

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Criminal Abortion.—Dr. Finnell exhibited at the meeting of the New York Pathological Society, Sept. 13, 1871, the uterus and appendages taken from the body of a young woman, Alice Bowlsby, who died by abortion. The case was the one associated with "the great trunk mystery." The young woman, finding herself pregnant, came to New York to have an abortion produced. She entered the house of one Rosensweig, who performed some operation upon her which resulted in her death. She left her home on Wednesday, and probably on the same day the abortion was produced. On the following Saturday evening her remains were found packed in a trunk at the Hudson River Railroad depot, checked for Chicago. The autopsy was made by Dr. Cushman, to whom Dr. F. was indebted for the specimen. The body was far advanced in decomposition. On opening the abdominal cavity there were marked evidences of metro-peritonitis; the uterus was enlarged and gave other signs of having contained a fœtus; the mucous membrane of the cervical canal was torn in several places, as if by some blunt instrument. He, Dr. F., thought it rather remarkable that death should have occurred so rapidly in this case, and that decomposition should have been so far advanced so short a time after the operation.

Dr. Rogers remarked that the facts connected with this case were curious and interesting. This young woman was said to have left her home on the afternoon of the 23d; that while her mother went home she took a détour to New York. Nothing more was heard of her until Saturday, the 26th—three days after. She was found in a trunk, in such a state of decomposition as to attract the attention of the people employed in the depot. It would seem that she must have been dead at least twenty-four hours to have arrived at that state of decomposition. Supposing the operation was performed on the night of her arrival, she must have died on the morning of the 25th, to have given time for the decomposition to have advanced. It was altogether probable that she died within twenty-four hours after the operation, and taking that apparent fact in connection with the alleged cause of death—metro-peritonitis—it made a very unusual case, more especially when the lacerated condition of the tissues about the neck of the uterus was taken into consideration. The question might be agitated whether the woman did not die during the operation, from mere shock, or whether it were not possible that a uterine vein had been opened and air entered the circulation.—*Medical Record*, Oct. 2, 1871.

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Medical Society of the City of Wheeling and County of Ohio.—This Society, at its

meeting on the 6th of October last, elected the following named gentlemen as officers for the ensuing year: President, Dr. Wm. Jourdin Bates; Vice-President, Dr. Richard Blum; Secretary, Dr. S. L. Jepson; Treasurer, Dr. John C. Hupp; Board of Censors, Drs. R. H. Hazlett, E. A. Hildreth, and John Frissell. The Society meets on the first and third Friday of every month.

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Chicago Medical Colleges.—We are happy to learn that the Chicago Medical College and Mercy Hospital entirely escaped damage in the dreadful conflagration which recently devastated Chicago, the fire not extending to that portion of the city in which they are situated. We lament to learn, however, that the Rush Medical College was less fortunate. The professors in the latter school are, however, we believe, continuing their courses at one of the hospitals.

Many of the physicians in Chicago have had their libraries and surgical instruments destroyed, and donations of either of these will be acceptable.

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The American Pharmaceutical Association.—This active and highly useful association held its nineteenth annual meeting in St. Louis, Mo., on the 12th, 13th, 14th, and 15th of September last. The attendance of members was large, and a number of valuable and instructive papers and reports were presented. The minutes of the meeting, which are reported in the *American Journal of Pharmacy* for October, show that the proceedings were judiciously restricted to matters of pharmaceutical and scientific interest, and that the discussions were conducted with the utmost dignity and propriety.

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Horace Greeley on the Woman Question.—Mr. Greeley, in a letter to the editor of the *Golden Age*, says: "I have but two left of seven children, and these are both daughters. I would gladly fit them for lives of usefulness and honour, as beloved and loving wives of virtuous, upright, noble men, and mothers, if it shall please God, of good, healthy, happy children. If it be decreed that they are to be, not such women as those I have most admired and reverenced, but men with a female physique—powerful in ward caucuses and nominating conventions, vehement in Senate and on the stump, and effective before juries in the trial of actions for *crim. con.*—I pray that my career on this globe shall close before theirs is fairly begun. When and where they shall thus shine, it will not be pleasant for me to stay."

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Obituary Record.—Died, Sept. 8, 1871, at Norfolk, Mass., of apoplexy, John Edwards Holbrook, M.D., formerly Professor of Anatomy in the Medical College of South Carolina. Dr. H. was not only an excellent anatomist, but also a distinguished naturalist. His splendid work, in five quarto volumes, entitled "North American Herpetology," is justly esteemed as a most valuable contribution to Natural History.

FOREIGN INTELLIGENCE.

Deaths from Chloroform.—A death from chloroform, as in the case of other accidents, seldom comes alone. Of late, we regret to say, several instances have occurred in London and in the country. On Thursday week an inquest was held on the body of a drayman, æt. 34, at the Manchester Royal Infirmary, who, when admitted into the institution, was suffering from a fracture of the leg. Mr. J. G. Gordon, House-Surgeon, attempted to set the limb, but, after several trials, failed, as the deceased shrunk from the operation. Mr. Gordon suggested that chloroform should be administered, and the patient assented. A rag sprinkled with chloroform was accordingly placed several times in contact with the face of the deceased, and Mr. Gordon frequently essayed to adjust the limb, but the deceased could not be got sufficiently under the influence of the anæsthetic, and each attempt was unsuccessful. The pulse of the patient suddenly ceased to beat. The usual remedies for resuscitation were resorted to, without effect. Mr. S. Buckley, Physician's Assistant, made a post-mortem examination of the

body, and discovered fatty degeneration of the liver and kidneys. The brain was softened, and the heart flabby and much dilated. The witness was of opinion that death resulted from "shock to a dilated heart, whilst deceased was under the partial influence of chloroform." He considered the chloroform would not have had a fatal effect if the heart had not been so diseased. Verdict accordingly. —*Med. Times and Gaz.*, Oct. 7, 1871.

Another death occurred in the London Hospital, Sept. 24th last. The subject of it was a boy, æt. 15, to whom chloroform was given that an operation might be performed on him for strabismus. After the completion of the operation, the patient, upon recovering from the effects of the drug, made efforts to vomit. "While doing so, he gave a deep inspiration, which had the effect of forcing back the matter, and causing his death by suffocation."—*Brit. Med. Journal*, Sept. 30, 1871.

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Death from Bichloride of Methylene.—A case of this lately occurred at the Radcliffe Infirmary, Oxford. The patient, a woman, æt. 44, was about to undergo an operation for cancer of the breast. Bichloride of methylene was administered on a flannel rag. After two or three convulsive gasps, the patient expired. The quantity administered was small. Artificial respiration was practised, and other means of restoration, but without success.—*Brit. Med. Journal*, Sept. 16, 1871.

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Failure of Condurango in England.—All that we hear of the results of the trials given to the condurango bark furnished by our Government to the Middlesex and St. Bartholomew's Hospitals, through the College of Physicians, confirms the fear that any hope which might have been entertained, of a confirmation of the statement of its utility as a remedy in cancer, must be entirely dismissed. Physiologically, it appears to be practically inert, and its therapeutic effects in the treatment of cancer to be *nil*. It furnishes a slightly bitter extract of feeble characters. A detailed therapeutical report will be made by Mr. Hulke, and a careful examination of its physiological action by Dr. Brunton, but this mainly in deference rather to the official sources from which this small supply has been furnished, and to set at rest the excitement caused by the somewhat scandalous claims which have been set up in its favour.—*Brit. Med. Journal*, Sept. 9, 1871.

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Vapour of Ammonia in the Treatment of Whooping-cough.—Mr. JOHN GRANTHAM states (*Brit. Med. Journal*, Sept. 16, 1871) that in cases of whooping-cough in the last stage (that is, after the third week) which he has had recently, he has had one ounce of the strongest liquid ammonia put into a gallon of boiling water in an open pan, and the steam kept up by means of half a brick made red-hot throughout and put into the boiling water containing the ammonia, the pan placed in the centre of a room, into which the patients were brought as the ammoniated steam was passing off. "This method was used in the evening, just before bedtime; and it has been so efficacious," he says, "in abating the spasmodic attack, and after three or four days terminating the malady, that I cannot overestimate the great value of this mode of inhaling the ammonia as a therapeutic agent in tranquillizing the nervous system in whooping-cough."

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Treatment of Chlorosis.—M. DELIOUX de Savignac proposes, in the *Bulletin de Thérapeutique*, the following formula as being likely to fulfil most completely the ordinary indications of treatment in chlorosis: tartrate of iron and potassa, ten grammes; powdered aloes, two grammes; powdered castor, two grammes; powdered saffron, one gramme; to be made into a mass with Venice turpentine and divided into a hundred pills. At first, three pills are to be given daily, and the number is to be gradually increased to six or nine; care being taken to maintain a free action of the bowels without producing diarrhœa. The pills are to be taken three times daily; early in the morning and at luncheon and dinner. M. Delioux de Savignac explains that the aloes is in-

tended to obviate the constipation frequently met with in chlorotic patients: the castor oil and saffron to relieve flatulent distension of the abdomen; while the turpentine exercises a beneficial influence on the leucorrhœa. If the aloes act too energetically, it may be replaced by rhubarb; or, if constipation remain obstinate, a little jalap, scammony, or gamboge may be added. If the bowels be already free, M. Delioux omits the purgative altogether. When the turpentine produces gastric disorder, or colic with or without diarrhœa, balsam of Peru may be substituted for it. The use of the pills is contraindicated in chlorosis attended with menorrhagia.—*Brit. Med. Journal*, Sept. 30, 1871.

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Treatment of Nævus by the Galvanic Cautery.—Dr. Maas, of Breslau, has collected in the *Archiv für Klinische Chirurgie* (vol. xii.) the histories of 112 cases of nævus treated by the galvanic cautery. The results were as follows: *Capillary Nævus*—cured, 32; improved, 1; result unknown, 1. *Cavernous or venous nævus*—cured, 72; improved, 8; result unknown, 1; died, 3. *Arterial or racemose nævus*—cured, 2; improved, 1. *Nævus combined with other tumours*—cured, 6; improved, 1; result unknown, 2. He derives from the examination of the cases the conclusion that the galvanic cautery is followed by the best results in nævus, and is much safer than the injection of perchloride of iron or any other coagulating fluid. It would, however, be wrong to say positively that the remedy is indicated in all cases of nævus. As Virchow has well remarked, the surgeon must take the circumstances of each case into consideration. The battery used in the cases referred to was that of Middeldorpf.—*Brit. Med. Journ.*, Sept. 30, 1871.

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Tetanus.—Among other interesting papers lately read before the Academy of Sciences in Paris, was one by M. Demarquay, in which he showed that several cases of lock-jaw had been cured by extremely hot air baths, followed by the injection of morphia under the skin.—*Lancet*, Sept. 23, 1871.

Wasp-stings.—Dr. Drury states (*Brit. Med. Journal*, Sept. 23, 1871) that during the previous three weeks he had been called to treat no less than seven cases of illness caused by stings of wasps. He recommends the following treatment for them: "A careful examination of the wound should be made with a good pocket-lens, and any remnant of the sting removed with a pair of fine-pointed forceps. Laudanum should be applied by means of a cotton-wool swab for at least ten minutes, followed by warm water fomentations. Internally, brandy and hot water should be given at once, and twenty minims of aromatic spirit of ammonia every half hour as long as there is depression. If the mouth or throat be stung, warm flannels should be applied to the neck, and warm inhalations with ether employed. There is sure to be spasm of the rima glottidis in these cases. In no case that I have seen yet would I have given opium internally; I doubt anything but mischief from its use in any of these cases, but I am aware it has been recommended by medical writers. If local pain be not subdued by the application of the laudanum, then I think I would try the effect of hyoscyamus poultice or tincture of belladonna sprinkled over a warm damp flannel, and applied to the wound.

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Efficacy of Vaccination.—Dr. De Renzy quotes the following interesting fact:—

"The priest of the Mahomedan shrine of Bahawul Hug, at Mooltan, Mukdum Shah Mahomed, consented, at the request of the Deputy Commissioner General Van Cortlandt, C.B., to have his son vaccinated; and I performed the operation myself, hoping that the example set by this high religious authority would have a good effect in inducing other Mussulman parents to allow me to vaccinate their children. The priest, indeed, had little faith in my assertions of the efficacy of vaccination; but, as he thought it could do no harm, he yielded, from a feeling of courtesy to General Van Courtlandt, so far as to have the child operated on. In due course, and some time afterwards, the ceremony of inoculation,

which had been practised for many ages in the Mukdum's family, came to be performed; and then, to his surprise, he discovered that the boy would not take smallpox. The most skilful inoculators tried and failed to produce the disease. The experiment satisfied the Mukdum of the truth of what I had told him — that vaccination, properly performed, is an almost sure preventive of smallpox. The boy is now himself the priest of the shrine of Bahawul Hug, his father having died two years ago. Unlike his father, who was deeply pitted with smallpox, he does not bear the smallest trace of that terrible disease."—*Brit. Med. Journal*, Sept. 30, 1871.

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The Use of Secondary Lymph.—Our Manchester correspondent writes that the extent to which revaccination has been practised in Manchester during the last few months, has afforded rare opportunities for deciding some questions which were before held by some to be still *sub judice:* for example, the custom which has prevailed among the millowners of having all their workpeople vaccinated, has settled the question of the value of secondary lymph, as compared with virgin lymph. Out of many similar experiences, the following may be quoted by way of illustration. A fortnight ago, a surgeon vaccinated 300 operatives; in 150 of these cases he employed virgin lymph; in the remaining 150, secondary lymph was used. The first series gave the following results: 19 cases were unsuccessful; in 16 cases, small papules and spurious vesicles resulted, while the remaining 115 all showed well-marked primary vesicles. The second series gave very different results; for out of them, 50 were entirely unsuccessful, 86 terminated in papules and small spurious vesicles, and only 14 yielded true primary vesicles.—*Brit. Med. Journal*, Aug. 19, 1871.

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Gelatine as a Vehicle for Powerful Medicines.—Dr. T. Huseman gives an account (*Centralblatt f. Med. Wiss.*, No. 157) of the method of Prof. A. Almen, of Upsala, for the administration of medicines by means of the gelatinæ medicatæ in lamellis. This method which has been extensively used in Sweden, renders the administration of powerful medicines easy and exact. Glue (6 grammes) is dissolved in warm water (230–260 cent.) and then the medicine added. The solution is poured upon a plate of glass to solidify and dry. The stiffened mass, of the thickness of paper, is divided into squares, each of which contains a certain dose. A slight addition of glycerine serves to make the otherwise brittle gelatinæ tough, and flexible as paper. Too much glycerine makes the gelatinæ soft and too readily moist. With insoluble drugs, it is necessary that the medicine be added to the solution of glue in a thick emulsion; gum-acacia is to be preferred to gum-tragacanth. The gelatinæ must not be placed dry upon the tongue, but moistened and swallowed with a gulp of water. The chief drugs thus used by Prof. Almen are: Gelatinæ morphii acetici, tartarized antimony, acetate of lead, sulphate of copper, extract. opii, opii levantici, extract. belladonnæ, extract. colocynth comp., hydrarg. chlorat. mitis, pulv. rad. ipecac, infusion ipecac., pulv. fol. digitalis, infusion digitalis, camphoræ. The gelatinæ atropini and physostigmatis, for local application to the eye, have proved useful, but the gelatinæ sinapis and cantharidum for external application to the skin have not yet been thoroughly tried.—*Medical Press and Circular*, Aug. 23, 1871.

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Anhydrous Glycerine.—M. Eberhard has called attention to the power possessed by absolutely anhydrous glycerine of withdrawing water by an exosmotic process from tissues to which it is applied. Marion Sims some time ago demonstrated that a ball of lint dipped in glycerine and applied to a freely suppurating surface, arrests the secretion. Turst has also applied the glycerine plug in a large number of cases of fluor albus, and M. Eberhard states that he has been very successful in applying the same means in similar cases.—*The Druggists' Circular*, Oct. 1871.

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Cholera.—At the present time epidemic cholera is prevalent in the pachalik of

Bagdad, in the central and northwestern provinces of Persia; in the trans-Caucasian provinces of Russia; in several of the Russian ports of the Black Sea and Sea of Azov; throughout Russia in Europe, and in the provinces of Germany on the Baltic and North Sea. The disease is extending from the pachalik of Bagdad into the Hedjaz, from the Black Sea to the Bosphorus, and from the seaboard provinces of Germany to the central provinces of the empire. In presence of a widely-spread extending epidemic of cholera, which has effected a lodgement in the westernmost parts of Europe, and is increasing there, the danger of the epidemic invading Great Britain can hardly be held to be remote, or the precautionary measures premature which are now being so strongly urged upon local authorities. —*Lancet*, Sept. 30, 1871.

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Purifying of Hospital Wards.—M. Rabot states (*L'Union Médicale*, Aug. 20, 1871) that he has succeeded in purifying hospital wards, without disturbing the patients, by the following means: An oxygen-generating apparatus is placed outside the building, and, by means of a long India-rubber tube, a volume of oxygen is introduced, measuring about the thousandth part of the cubic feet of the room, after the ward had, as usual, been well ventilated. To feed the patients' curiosity, a few fumigations with cascarilla were made. In both extremities of the ward large basins containing one pound of peroxide of manganese and ten pounds of the solution of hyperchloride of lime were placed and changed every day. The method has been conscientiously applied by M. Rabot in a hospital at Versailles, with the best results.

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Homœopathy.—The *Lancet* (Sept. 30, 1871) in commenting on the appointment of a professing homœopath as a union medical officer, makes the following just remarks: "No one ought to be placed in charge of the sick poor who professes to depend entirely on some particular specialty or peculiarity of treatment, and who is thus shut out, *ipso facto*, from the general principles of therapeutics, and may for that reason be obliged to offend the prejudices of the sick, who are most concerned in the matter. Private persons may go to what doctors they please; but it is the duty of the State to provide that its medical officers should be, in the widest sense of the term, general practitioners, and not curtailed in their usefulness by the chains of some narrow hypothesis or some peculiar crotchet.

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Sugar of Milk in a Vegetable Juice.—M. M. G. Bouchardat has discovered in the juice of the fruit of the sapota tree, (*Achras Sapota*) a crystalline saccharine substance, perfectly identical with the sugar obtained from the lacteal secretion of the mammifera.—*La Revue Scientifique*, Aug. 26, 1871.

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Vienna.—Prof. Kœrner of Gratz, one of the most eminent of the German professors, and well known by excellent works on tuberculosis, movements of the heart, fever, &c., has been appointed to the chair of Professor Oppolzer.—*La Santé Publique*, Sept. 21, 1871.

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Obituary Record.—Died, at London, on the 24th of September, in the 66th year of his age, Samuel Solly, F.R.S., formerly Senior Surgeon and Lecturer on Surgery to St. Thomas's Hospital, and President of the Royal Medical and Chirurgical Society. Mr. Solly's principal contributions to medical literature were a work "On the Human Brain," which earned for him an election as Fellow of the Royal Society; a large volume of "Surgical Experiences," and "An Analysis of Müller on the Glands."

—— In Paris, 18th Sept. last, M. Blache, formerly President of the Academy of Medicine. Dr. B. enjoyed great reputation in the treatment of the diseases of children, and was highly esteemed and honoured by his brethren.

—— August 30th, aged 47, Hyde Salter, M.D., Physician to Charing-Cross Hospital. Dr. S. was an eminent physician in London, and well known in this country as the author of a valuable work on Asthma, reprinted in the Library Department of the *News* for 1863.

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